

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-24-03.

## I. DISPUTE

Whether there should be reimbursement for CPT codes 90862 and 97799CP rendered from 10-15-02 through 1-13-03 for a total amount in dispute of \$17,340.00.

## II. FINDINGS

The respondent denied reimbursement based upon “Z – Preauthorization requested but denied, and A – Preauthorization required but not requested.”

The insurance carrier’s representative, Concentra, gave preauthorization approval on 11-12-02 for 40 pain management sessions; therefore, the pain management sessions will be reviewed in accordance with the Commission’s *Medical Fee Guideline*.

## III. RATIONALE

Neither party submitted EOBs to support services identified as “No EOB”; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-15-02	90862 (60 min)	\$180.00	\$0.00	No EOB	\$3.00/min	Rule 133.307(g)(3)(B)	Report to support billed service per MFG was not submitted in accordance with statute, no reimbursement is recommended.
11-26-02 12-30-02 12-31-02 1-2-03 1-3-02 1-6-03 1-7-03 1-8-03 1-9-03 1-10-03 1-13-03	97799CP	\$1560.00	\$0.00	Z	DOP	Rule 134.600 Rule 133.301(a) Medicine GR (II)(E)(2)(c)	Documentation supports billed service per MFG, reimbursement of \$1560.00 X 11 dates = \$17160.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$17160.00.</b>

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99779CP in the amount of **\$ 17160.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$17160.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of March 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division